

DeLand-Weldon CUSD #57
DeLand, Illinois

I hereby give my permission for _____
(Name)

to take _____ of
(Dosage)

Ibuprofen, Acetaminophen, either Ibuprofen or Acetaminophen
(Check One)

as needed for pain.

DeLand-Weldon is not liable for any injury arising from the self-administration of medication by the pupil. Parents or guardians will indemnify and hold harmless DeLand-Weldon Community Unit School District #57 and its employees and agents against any claims arising out of the self-administration of medication by the pupil.

Parent or Guardian's signature

Date _____

Address

Expires _____

Telephone